COMPLETE THIS SECTION ON DELIVERY Case 3:06-cv-00060-MHT-TEM Page 1 of 1 SENDER: COMPLETE THIS SECTION 1 Agent A. Signature ■ Complete items 1, 2, and 3. Also complete Addressee item 4 if Restricted Delivery is desired. X Milv C. Date of Delivery Print your name and address on the reverse B. Received by ( Printed Name) so that we can return the card to you. M. A. chodson Attach this card to the back of the mailpiece, or on the front if space permits. If YES, enter delivery address below: 3:04040 1. Article Addressed to: hallallamallamillalalalala Wendall Jefferson, 11119-002 Service Type ☐ Express Mail USP -- Atlanta ☐ Return Receipt for Merchandise ☐ Certified Mail U S Penitentian ☐ Registered PO Box 150160 ☐ C.O.D. Insured Mail Atlanta, GA 30315 ☐ Yes 4. Restricted Delivery? (Extra Fee) 7006 2760 0005 4873 9174 102595-02-M-1540 2. Article Number Domestic Return Receipt (Transfer from ser PS Form 3811, February 2004